



City of Dublin
**INDIVIDUAL INCOME
TAX RETURN 2014**

FILE ON OR BEFORE APRIL 15, 2015

FORM D-1040EZ

File Number

Name

Spouse

Address

City/State/Zip

Email

Primary social security number

Secondary social security number

Check the appropriate box if:

☐ **REFUND**

☐ **AMENDED**

tax year _____

Resident ☐ Date moved in _____
Non Resident ☐ Date moved out _____

City of Residence _____

City of Employment _____

If partial year resident, indicate previous address _____

**FILING
STATUS**

☐ Single

☐ Married filing joint return (even if only one had income). Did you file a joint return last year? ☐ Yes ☐ No

☐ Married filing separate return. Enter spouse's social security number above and full name here. ► _____

INCOME

ALL APPROPRIATE W-2'S, FEDERAL SCHEDULES, EXPLANATIONS MUST BE ATTACHED

1. Total W-2 wages. For multiple W-2's, complete worksheet A below W-2's **MUST BE ATTACHED** 1 \$ _____
2.* 2106 Expenses. Complete worksheet A below. See instructions. **MUST BE ATTACHED** 2 \$ _____
3. DUBLIN TAXABLE INCOME SUBTRACT LINE 2 FROM LINE 1 3 \$ _____

TAX

4. DUBLIN INCOME TAX. MULTIPLY LINE 3 BY 2% (.02)..... 4 \$ _____

**TAX
WITHHELD,
PAYMENTS
AND
CREDITS**

5. Dublin income tax withheld from W-2..... 5 \$ _____
6. Prior year credits 6 \$ _____
7. Estimated payments 7 \$ _____
8. Credit for taxes withheld to other cities (**limit 2.0%**). See instructions 8 \$ _____
9. Credit for taxes paid to other cities (**limit 2.0%**). See instructions 9 \$ _____
10. TOTAL PAYMENTS AND CREDITS. ADD LINES 5 THROUGH 9 10 \$ _____

BALANCE DUE

11. Total due – If line 4 is more than line 10, enter balance due (no tax due if less than \$1.01). 11 \$ _____

**REFUND
OR CREDIT**

12. **OVERPAYMENT.** If line 4 is less than line 10, enter overpayment here 12 \$ _____
13. AMOUNT FROM LINE 12 TO BE **REFUNDED** (No refund if less than \$1.01) 13 \$ _____
14. AMOUNT FROM LINE 12 TO BE **CREDITED** TO NEXT YEAR 14 \$ _____

***Income reduced by 2106 and earned in another city must also reduce the tax withheld for that city by the same percentage and is limited to 2%.**

The undersigned declares that this return (and accompanying W-2's and schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes.

☐ If this return was prepared by a tax practitioner, check here if we may contact him/her directly with questions regarding the preparation of this form.

SIGNATURE OF PREPARER, IF OTHER THAN TAXPAYER _____ DATE _____

NAME AND ADDRESS OF PREPARER _____ TELEPHONE NUMBER _____

SIGNATURE OF TAXPAYER _____ DATE _____

SIGNATURE OF SPOUSE (IF JOINT RETURN) _____ TELEPHONE NUMBER _____

File with the City of Dublin
Division of Taxation
P.O. Box 9062, Dublin, Ohio 43017-0962

REFUNDS:

City of Dublin
Division of Taxation
P.O. Box 800, Dublin, Ohio 43017-0900

WORKSHEET A – W-2 DETAIL

SALARIES, WAGES, TIPS AND OTHER EMPLOYEE COMPENSATION PER W-2'S (Please see Line-By-Line Instructions)

Taxpayer's Name		Taxpayer Account Number				Taxpayer SSN			
	Employer 1	Employer 2	Employer 3	Employer 4					
Employer ID Number (W-2, box b)									
Employer Name (W-2, box c)									
Which taxpayer income is for?									
Dates of Employment during tax year.	From	To	From	To	From	To	From	To	
Federal Wages (Box 1)									
Medicare Wages W-2 (Box 5)									
Locality Income Earned (Box 20)									
2106 Expenses									
Local Income (Box 18)									
Local Tax Withheld (Box 19)									
Credit for Tax Withheld to Other Cities – (Limit 2% of Box 18-2106)									
Locality Income Earned (Box 20)									
2106 Expenses									
Local Income (Box 18)									
Local Tax Withheld (Box 19)									
Credit for Tax Withheld to Other Cities – (Limit 2% of Box 18-2106)									
Taxable Wages (Greater of Box 5 or Box 18)									
Dublin Tax Withheld									
Total Tax Credit allowable to other Cities									

*Income reduced by 2106 and earned in another city must also reduce the tax withheld for that city by the same percentage and is limited to 2%.

PLEASE NOTE: SUBMITTING THIS FORM ELECTRONICALLY DOES NOT MAKE A PAYMENT ON AMOUNTS DUE. TO MAKE A PAYMENT GO ONLINE TO:

<https://ipn.paymentus.com/otp/stde/codb>

OR, MAIL BY APRIL 15, 2015 TO:

**CITY OF DUBLIN
DIVISION OF TAXATION
PO BOX 9062
DUBLIN, OH 43017-0962**